



Yersiniosis

County _____

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Epi Link _____

☐ Outbreak-related

LHJ Cluster# _____
LHJ Cluster Name: _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date: ____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Zip code (school or occupation): _____ Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age ____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Diarrhea** Maximum # of stools in 24 hours: ____

☐ ☐ ☐ ☐ **Bloody diarrhea**

☐ ☐ ☐ ☐ **Abdominal cramps or pain**

☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): ____

☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Laboratory

Collection date ____/____/____

Source _____

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ ***Y. enterocolitica* or *Y. pseudotuberculosis***
culture (stool, urine, or normally sterile site)

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Abdominal or other GI surgery performed within
last 30 days

☐ ☐ ☐ ☐ Immunosuppressive therapy or disease

☐ ☐ ☐ ☐ Iron storage diseases (e.g. hemochromatosis)

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Reactive arthritis

☐ ☐ ☐ ☐ **Sepsis syndrome**

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ **Hospitalized for this illness**

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ **Died from illness** Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Exposure period

-10 -3

o
n
s
e
t

Contagious period

weeks

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Dates/Locations: _____

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**

☐ ☐ ☐ ☐ Contact with lab confirmed case

☐ Household ☐ Casual contact ☐ Sexual

☐ Needle use ☐ Other: _____

☐ ☐ ☐ ☐ Contact with diapered/incontinent child or adult

☐ ☐ ☐ ☐ Chitterlings

☐ ☐ ☐ ☐ Chitterlings prepared in household

☐ ☐ ☐ ☐ Raw or rare pork or pork products

☐ ☐ ☐ ☐ Unpasteurized milk (cow)

☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)

☐ ☐ ☐ ☐ Food from restaurants

Restaurant name/location: _____

☐ ☐ ☐ ☐ Source of drinking water known

☐ Individual well ☐ Shared well

☐ Public water system ☐ Bottled water

☐ Other: _____

☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)

Y N DK NA

☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)

☐ ☐ ☐ ☐ Exposure to pets

Was the pet sick? ☐ Y ☐ N ☐ DK ☐ NA

☐ ☐ ☐ ☐ Zoo, farm, fair, or pet shop visit

☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere

☐ ☐ ☐ ☐ Pigs or swine

☐ ☐ ☐ ☐ Any medical or dental procedure

☐ ☐ ☐ ☐ Blood transfusion or blood products (e.g. IG, factor concentrates)

Date of receipt: __/__/__

☐ ☐ ☐ ☐ Organ or tissue transplant recipient,

Date: __/__/__

How was this person likely exposed to the disease:

☐ Food ☐ Drinking Water ☐ Recreational water

☐ Animal ☐ Environment ☐ Person ☐ Unknown

Where did exposure probably occur?

☐ U.S. but not WA (State: _____)

☐ In WA (County: _____)

☐ Not in U.S. (Country/Region: _____)

☐ Unknown

Exposure details (e.g., exposure date, specific site, purchase or use-by date, product name/description):

☐ No risk factors or exposures could be identified

☐ Patient could not be interviewed

PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ Employed as food worker

☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period

☐ ☐ ☐ ☐ Employed in child care or preschool

☐ ☐ ☐ ☐ Attends child care or preschool

☐ ☐ ☐ ☐ Household member works at or attends childcare or preschool

PUBLIC HEALTH ACTIONS

☐ Exclude case from sensitive occupations (HCW, food, childcare) or situations (child care) until diarrhea ceases

☐ Hygiene education provided

☐ Restaurant inspection

☐ Child care inspection

☐ Follow-up of household members

☐ Investigation of raw milk dairy

☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date __/__/__

Local health jurisdiction _____

Record complete date __/__/__